DTAMATEA HIGH	SCHOOL
e Kura Tuarua o Otamatea	



Core Class: \_\_\_\_\_

Start Date: \_\_\_\_\_

# **ENROLMENT APPLICATION FORM**

Otamatea High School has an enrolment scheme in place for 2023 enrolments. Full details can be found on the school website.

Students living in the home zone, or who have a sibling enrolled at Otamatea High School on 1 October 2022 (the grandparenting provision) have an automatic right to enrol, regardless of where they live

ENROLMENT C	ATEGORY Please sele	ct one			
In Zone					
Out-of-home zone (Grandparenting p	rovision)				
Name of sibling enrolled as at 1 Octobe	er 2022				
Out-of-home zone - please tick all that	at apply (if any)				
Sibling of current student					
Sibling of former student					
Son/daughter of former student					
Son/daughter of current employee	e or Board member				
Please list relevant family members if	any category above is	sticked			
Given Names	Year at OHS	Relationship			
For proof of address purposes, please atta	ch a copy of:				
O Power Bill O Telephone Bill	Tenancy o	r sale and Purchase Agreement			
<b>Ø</b> Required documentation that must accom	npany the completed	Enrolment Form.			
••	<ol> <li>Copy of the student's most recent school report</li> </ol>				
2. Copy of the student's vaccination record					
STUDENT INFORMATION					
Year Level at Entry:         Y7         Y8         Y9         Y10         Y11         Y12         Y13					
Gender: Male Eemale Other	(please state)				
Last Name					
First Name/s					
Preferred First Name					
Home Address					
(This is the main residence)					
Date of Birth	Country of Birt	h			
Residency Status – Documentation to support t	his information is a ma	andatory requirement.			
New Zealand Citizen – a copy of Birth Certificate/Passport or Certificate of Citizenship required					
Non-New Zealand Citizen – a copy of a passport	with a valid New Zealar	nd Residence Visa Parent nassnorts			
	. WILLI a Vallu New Zealai				

Current School				
GENERAL INFORMATION				
Ethnicity	NZ European Māori State Iwi: Other <b>(please state)</b>	Hapu:		
	PRIMARY CA	REGIVER ONE		
(Pri	mary Caregiver means both live	at the same address)		
Last Name				
First Name		(N	liss, Mrs, Ms, Dr)	
Relationship to student				
Postal Address				
Telephone Numbers: Home		Business		
Cellphone				
Email Address				
	PRIMARY CAREGIV	ER TWO		
(Pri	mary Caregiver means both live	at the same address)		
Last Name				
First Name			(Mr, Dr)	
Relationship to student				
Postal Address				
Telephone Numbers: Home		Business		
Cellphone				
Email Address				
	SECONDARY CAREG	IVER ONE		
Last Name				
First Name		(Mr <i>,</i> N	liss, Mrs, Ms, Dr)	
Relationship to student Home Address				
Postal Address				
		Ducinoca		
Telephone Numbers: Home Cellphone		Business		
Email Address				
SECONDARY CAREGIVER TWO				
Last Name				
First Name		(Mr, N	liss, Mrs, Ms, Dr)	
Relationship to student				
Home Address				
Postal Address				
Telephone Numbers: Home		Business		
Cellphone				
Email Address				
Receive Relevant information (e.g school report, school newsletter) Yes No				

SHARED CUS	ODY INFOR	MATION OF	R LEGAL ORDERS REL	ATING TO TH	HE STUDENT
Are there any legal res	rictions to eith	er parent/s inv	olved with this student?		Yes / No
If you have answered	<b>(ES</b> , please pro	vide any docun	nentation relating to the ca	aregiver situatio	on e.g. Custody
Order, Trespass Order,	Parenting Orde	er etc. 🖉			
	EMI	ERGENCY CO	ONTACT INFORMATIC	ON	
This must be a differe		-	ilisted above. The emerg	ency contact <b>m</b>	u <b>st be available</b> to
Relationship to studer	t				
Name					
Telephone Numbers:	Home		Business		
C	ellphone				
		STUDENT'S	S HEALTH RECORD		
Doctor and Surgery:			Surgery Phone Nur	nber:	
Has your child ever suf	ered from?	Medication	or Action Required:		
Allergies	Yes / No		·		
Asthma	Yes / No				
Diabetes	Yes / No				
Epilepsy	Yes / No				
	,			. p. c c	ch detail as possible.
(please use a separate		ace is required	()		
(please use a separate	sheet if more sp	pace is required	) SATION STATUS		
	sheet if more sp	pace is required	()	Date Dos	
(please use a separate	sheet if more sp	pace is required	) SATION STATUS		
(please use a separate a COVID-19 Yes / No	sheet if more sp	Dace is required	) SATION STATUS Dose 1:	Date Dos	e 2:
(please use a separate a COVID-19 Yes / No Hepatitis B	sheet if more sp	Dace is required IMMUNI ull Date of Yes / No	() SATION STATUS Dose 1: Poliomyelitis	Date Dos	e 2: Yes / No
(please use a separate a COVID-19 Yes / No Hepatitis B Meningitis B	Partial / Fo Partial / Fo pella (MMR) proof of imm or my child to re	IMMUNI IMMUNI Ull Date of Yes / No Yes / No Yes / No Nunisations eceive if necess	() SATION STATUS Dose 1: Poliomyelitis Tetanus booster aged 11 Meningitis C	Date Dos	e 2: Yes / No Yes / No
(please use a separate of COVID-19 Yes / No Hepatitis B Meningitis B Measles, Mumps & Ruk Please supply I/we give permission for	beet if more sp Partial / Fu bella (MMR) proof of imm or my child to ru s N	Dace is required IMMUNI UII Date of Yes / No Yes / No Yes / No Yes / No Dunisations Ecceive if necess o	() SATION STATUS Dose 1: Poliomyelitis Tetanus booster aged 11 Meningitis C	Date Dos	e 2: Yes / No Yes / No
(please use a separate i   COVID-19 Yes / No   Hepatitis B   Meningitis B   Measles, Mumps & Rull	Partial / Fu pella (MMR) proof of immor or my child to re s N ccident or En or my child to re s unable to con bungaturoto Me agree to meet	IMMUNI UII Date of Yes / No Yes / No Yes / No Yes / No Yes / No Nunisations eceive if necess o o nergency: eceive the appr tact me or if the edical Centre of any cost incurr	SATION STATUS Dose 1: Poliomyelitis Tetanus booster aged 11 Meningitis C Gary: ropriate treatment, when r be accident is serious, I give r call an Ambulance. If an A red.	Date Dos (DTAP)	e 2: Yes / No Yes / No Yes / No Yes / No
(please use a separate i   COVID-19 Yes / No   Hepatitis B   Meningitis B   Measles, Mumps & Rull	Partial / Fu pella (MMR) proof of imm or my child to re s N ccident or En or my child to re s unable to con bungaturoto Me agree to meet	IMMUNI UII Date of Yes / No Yes / No Yes / No Yes / No Yes / No Nunisations eceive if necess o o nergency: eceive the appr tact me or if th edical Centre of any cost incurr e Person in Cha	SATION STATUS Dose 1: Poliomyelitis Tetanus booster aged 11 Meningitis C Gary: ropriate treatment, when r the accident is serious, I give r call an Ambulance. If an A red. rge of the EOTC activity th	Date Dos (DTAP)	e 2: Yes / No Yes / No Yes / No Yes / No

#### LEARNING INFORMATION

Is there any information which may be helpful for the school to know in order to support your child's learning? (eg: known diagnoses, special programmes, previous support).

(please use a separate sheet if more space is required)

#### Your child's capacity to learn from home during normal school hours:

At home, my child has reliable internet access	Yes / No
At home, my child has access to a reliable learning device (laptop, desktop computer, Chromebook)	Yes / No
At home, my child has access to this learning device for up to 5 hours per day	Yes / No

### CHROMEBOOKS (Year 10-13 ONLY)

From 2023, all students in Years 10 to 13 will be required to bring a fully charged Chromebook and hardshell case to school each day.

I am able to provide a fully charged Chromebook and hard-shell case for my child to bring to school each day.

I am not able to provide a fully charged Chromebook and hard-shell case for my child and would like to discuss my options with the school.

# STUDENT DECLARATION/COMPUTER INTERNET AGREEMENT

As a prerequisite for using computers and the internet at Otamatea High School I agree:

- Not to load any programs onto school computers, via the internet or any other means
- To use storage media only with network administrator permission and to have these viruses checked at school • before using
- Not to interfere with settings or alter programs on school computers
- Not to reveal my own password to others or use other students' passwords or other personal details such as • phone number or address
- Not to use unsuitable, inappropriate, offensive, or illegal material •
- To use electronic mail or enter chat rooms only with teacher permission each time
- To use inappropriate language when sending emails •
- Not to order, sign-up or give out school email address for anything online without teacher permission •
- Not to use any method to bypass school internet security. •
- I understand that inappropriate use of the internet or computers may result in withdrawal of their use at • school.

I agree to support the rules and regulations of the school in particular:

- I agree to wear the correct school uniform, with pride, every day (including to and from school).
- I will demonstrate the highest respect for all people in everything I do. I will also respect and care for the • school environment.
- I agree to work hard and complete all work expected of me, to a high standard, so that I am successful while at Otamatea High School. This also involves having all the correct equipment for every lesson
- I realise that offensive language toward staff and other students at school is not tolerated. I shall use . appropriate language at all times.
- I understand that there is a requirement to attend all classes unless a justified reason is supplied by my parent/caregiver which may include a medical certificate.

I understand the agreement for use of Computers and the Internet. I agree to observe all the rules and regulations that the school may from time to time publish.

Student Name:

\_\_\_\_\_Signature: \_\_\_\_\_ Date: \_\_\_\_

# THE PRIVACY ACT

You should read this information before signing the enrolment form for your son or daughter. Use of the personal information collected:

The information sought on the enrolment form is needed so that Otamatea High School can comply with the requirements of the Education Act, 1989 and the National Education Guidelines. You have a right to access and correct this information if necessary.

Information will be disseminated through the Principal, Acting Principal, or his/her delegate, or, in special circumstances, the Guidance Counsellor who will act in accordance with the Children, Young Persons and Their Families Act.

- 1. Within the school, relevant personal information about your son or daughter will be available to members of staff for following purposes:
  - a) To make contact with you or members of your family in cases of emergency.
  - b) To report on your son's or daughter's progress at school.
  - c) To make contact with you for discipline or student support purposes.
  - d) To provide you with information about school events.
  - e) To notify you of administrative obligations in relation to your son's or daughter's school studies.
  - f) To consult with you on matters of importance to the school.
  - g) To make arrangements to meet any special health needs specific to your son's or daughter's stated interests.
  - h) To arrange co-curricular activities in accordance with your son's or daughter's stated interests.
  - i) To gather statistical information for the purpose of research and school planning.
- 2. The school is also required, from time to time, to provide some personal information (usually your son's or daughter's name, current address, date of birth, ethnicity, and information relating to school studies) to other agencies. The agencies which may require the school to provide this information include:
  - a) The Ministry of Education
  - b) The New Zealand Qualifications Authority
  - c) The Special Education Service
  - d) The New Zealand Police
  - e) The Children and Young Persons' Service
  - f) The Regional Health Authority
  - g) The Public Health Nurse
- 3. The school may, from time to time, provide information to organisations or groups organising school related events. These groups or organisations may include:
  - a) The Otamatea High School Parents, Teachers and Citizens Association (PTCA)
  - b) The Otamatea High School Board of Trustees
  - c) Groups involved in the organisation of school reunions or other functions involving current or former students.
- 4. Information about your son or daughter may be provided`, upon request, to other educational or training institutions when your son or daughter:
  - a) Enrols at another educational or training institution
  - b) Is enrolled concurrently at another educational or training institution (eg: The New Zealand Correspondence School)
- 5. Upon enrolment at Otamatea High School information about your son/ daughter/young person to whom you are the caregiver may be sought from educational institutions where she/he was previously enrolled.
- 6. Information about your son or daughter (not including assessment results) may be supplied to a researcher conducting academic research or research related to the welfare and well-being of students, based on a sample of students.
- 7. The school may use your address and telephone number to forward mail and messages for you, or your son or daughter, which have been received by the school.
- 8. The school may take reasonable steps to decide if there is an exemption from compliance to provide information under specific circumstances.

Caregiver Name: \_\_\_\_\_

Signature:

Date:

	OTHER DETAILS	
		, understanding, and assisting your
child/ren/family (eg: Adopted child	d, blended family)?	
PUBLICA	TON OF STUDENT PHOTOS A	ND IMAGES
Laive normission for my student's	nhata (imaga ta ba publishad digit	
I give permission for my student's	photo/image to be published digit	ally or in print Yes No
	PARENT DECLARATION	
In the event of freudul	ant information being siven the a	nalization will be annulled
In the event of fraudule	ent information being given the a	pplication will be annulled.
I/We understand that making a fal	se declaration is an offence.	
· · · · · · · · · · · · · · · · · · ·	on Personal Information and the P	rivacy Act (1993)
<ul> <li>I/We agree to support the rules</li> </ul>		(1999).
<ul> <li>I/We agree to ensure my child v</li> </ul>	-	every day (including to and from
school).		
<ul> <li>I/We understand the agreemen</li> </ul>	t for use of Computers and the Int	ternet.
<ul> <li>I/We understand that my child</li> </ul>	•	
<ul> <li>I/We shall meet all the charges</li> </ul>		
curricular and 'take home' cor	0	
		unless a justified reason is supplied
-	may include a medical certificate	
• I/We declare that all the inform	ation on this form is true and corr	ect.
	_	School I/We agree to see that s/he
abides by the rules, regulations, an	ia aress code of the school.	
I/We give permission for the Princ		•
-	bing school, or any other relevant	agency, information pertinent to my
child's enrolment.		
		5.
Caregiver 1 Name:	Signature:	Date:
Caregiver 2 Name:	Signature:	Date: